



CITY OF FAIRFAX
CITY HALL * FAIRFAX VIRGINIA 22003-3630

BOARD OF EQUALIZATION
APPEAL OF REAL ESTATE ASSESSMENT

TAX MAP # _____

PROPERTY ADDRESS: _____

NAME OF OWNER OR AGENT: _____

(If agent, owner authorization must accompany this appeal)

MAILING ADDRESS: _____

PHONE: (HOME) _____ (BUSINESS) _____

To register this appeal with the Board of Equalization, complete this form and return it to the address listed below by **May 1, 2004**. ☐ The Assessor's Office will provide the Board with copies of office files and information submitted during the administrative appeal process.

RE: ADDITIONAL INFORMATION & SUPPORTING DOCUMENTATION -

Whether accompanying this form or sent under separate cover, FOUR (4) COMPLETE COPIES MUST BE SUBMITTED IN ORDER TO AVOID INCURRING A COPYING CHARGE.

You will be contacted by mail of the date and time of the Board's sitting - Make sure to note the deadline for submitting documentation given in that notice since **the Board will not review or consider any documentation presented after that date.** Please direct questions regarding this process to the Board Secretary, Mrs. Pam Burke at (703) 385-7840.

SIGNATURE OF OWNER OR AGENT: _____ DATE _____

RETURN TO: BOARD OF EQUALIZATION
c/o REAL ESTATE ASSESSMENT OFFICE
10455 ARMSTRONG STREET, RM. 206
FAIRFAX, VIRGINIA 22030.